

South Carolina

Improved Diabetes Care and Control for African Americans

Public Health Problem

African Americans in South Carolina have a greater risk than whites for developing diabetes. African Americans also have a greater risk for diabetes complications, such as heart disease, stroke, blindness, renal failure, and amputation. Diabetes is the sixth leading cause of death in South Carolina, claiming more than 1,600 lives each year. One of every seven patients in a South Carolina hospital has diabetes. The American Diabetes Association reports that the average expenditure for diabetes in 2002 was \$13,243 for each person who had diabetes, compared with \$2,560 for each person who did not have diabetes.

Taking Action

The goal of the REACH 2010 Charleston and Georgetown Diabetes Coalition is to improve diabetes care and control for more than 12,000 African Americans with diabetes. The Diabetes Initiative of South Carolina and more than 40 partner organizations are supporting the coalition as it develops and carries out a comprehensive community action plan to reach out to African Americans where they live, worship, work, play, and seek health care. The plan aims to decrease the tremendous burden of diabetes and link people with needed services. Strategies include establishing walk-and-talk groups, providing diabetes medicines and supplies, and creating learning environments where health professionals and people with diabetes learn together. In addition, the plan calls for establishing library learning and resources, offering advice on how to buy and prepare healthier foods, and improving the quality of diabetes care.

Implications and Impact

Just 2 years after the program began, African Americans in Charlestown and Georgetown, South Carolina, are more physically active, are being offered healthier foods at group activities, and are getting better diabetes care and control. In addition, some disparities have been greatly reduced for African Americans with diagnosed diabetes. For example, more African Americans are having the recommended annual tests to determine their hemoglobin A1c (blood sugar) level, lipid profile, kidney function, as well as referral for eye examination using dilation, and measurement of blood pressure. A 21 percent disparity in hemoglobin A1c (blood sugar) testing between African Americans and whites has been virtually eliminated. The coalition's goal is to eliminate all disparities in diabetes care and control by 2007.

Contact Information

Medical University of South Carolina
99 Jonathan Lucas Blvd, Room 425, P.O. Box 250160, Charleston, SC 29425
Phone: (843) 792-4625 www.musc.edu/diabetes/reach
<http://www.cdc.gov/nccdphp/exemplary>